✓ **MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH**　　62-025376
STATE FILE NUMBER

Registration District No. _317_ Primary Registration District No. _547_ Registrar's No. _1845_

DO NOT WRITE ON THIS STUB	AMENDED			
VS 300 Rev. 4/59	DATE AMENDED			
1400 5				
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FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY St.Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights　　Length of stay in 1b　Life

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Mary's Hospital　　Inside Limits Yes☒ No☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.　　b. COUNTY St.Louis

c. CITY OR TOWN Webster Groves　　Inside Limits Yes☒ No☐

d. STREET ADDRESS (If outside, give location) # 25 Joy Ave.　　Reside on Farm Yes☐ No☒

3. NAME OF DECEASED (Type or print)
First Julius　Middle J.　Last Albrecht

4. DATE OF DEATH Month June Day 19th., Year 1962

5. SEX M.　　**6. COLOR OR RACE** W.

7. Married☐　Never Married☐　Widowed☒　Divorced☐

8. DATE OF BIRTH 12/5/1883　**9. AGE** (last birthday) 78

IF UNDER 1 YEAR		IF UNDER 24 HR	
Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Victor Albrecht

13b. MOTHER'S MAIDEN NAME Unk. Bulte

14. NAME OF HUSBAND OR WIFE Emily Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mr. Jules J. Albrecht, 134 N. Gay

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE *Arteriosclerotic Heart Disease*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) *Generalized arteriosclerosis*
DUE TO (c) *Hypostatic Pneumonia*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 1 (a)
Post cerebral Hemorrhage apoplexy

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes　☐ No　☐ Unknown

19. WAS AUTOPSY PERFORMED? YES☐ NO☒

20a. ACCIDENT☐　SUICIDE☐　HOMICIDE☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.　Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK☐ NOT WHILE AT WORK☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION　COUNTY　STATE

21. I attended the deceased from _194_ , to _6-19-6_ and last saw him alive on _6-19-6_

Death occurred at _11:45 p.m._ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. J. Vollmer M D　**22b. ADDRESS** 8787 Big Bend　**22c. DATE SIGNED** 6/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal　**23b. DATE** 6/22/1962　**23c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery　**23d. LOCATION** (City, town, or county) St.Louis, Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly　ADDRESS 3840 Lindell Blvd.　**25. DATE RECD. BY LOCAL REG.** 6-21-62　**26. REGISTRAR'S SIGNATURE** John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____
          Signature of Student Embalmer

                                      Licensed Embalmer No._____

                                      P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

      If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

      If this body is not embalmed, fact should be so stated above.